CoMiSS™ : the Cow's Milk related Symptom Score

Information for Healthcare Providers

Cow's Milk Allergy (CMA) is an adverse immune reaction to cow's milk and affects up to **3%** of infants globally[1,2] making it **one of the most common food allergies** in early life[2]

Early identification of CMA can be **life-changing** for infants and families, but **diagnosis** can be **challenging** for Healthcare Professionals (HCPs).

CHALLENGES IN DIAGNOSIS OF CMA

- Symptoms can overlap with other common infant health conditions, such as colic and regurgitation.[2]
- Non-IgE-mediated CMA cases are often harder to diagnose and supportive tests are not available.[2]
- It can take several visits to the doctor and months before an official diagnosis is made.[3]
- Many primary care HCPs are not always very familiar with the common symptoms of CMA and the CMA guidelines for diagnosis and management.[3]

CONSEQUENCES OF DELAYED DIAGNOSIS

- Increase costs and higher healthcare usage[4,5]
- Inappropriate dietary changes[4]
- Impact on infants growth and development[6]
- Lower quality of life[7,8]

Awareness of CMA symptoms can be low and misunderstood, especially in primary care, leading to either under or overdiagnosis, both having consequences for infants, parents and caregivers and the health care system.[4,5]

CoMiSS™

CoMiSS™ is the only tool that raises awareness of the most common symptoms associated with CMA[4]

KEY FEATURES

- Simple, fast and easy to use
- Non-invasive
- Used in conjunction with the **CoMiSS™ User Guide** and requires no specific training

POTENTIAL BENEFITS

- Evaluate symptoms resolution and monitor the response to a diagnostic elimination diet
- Aim to avoid both over and under diagnosis of CMA and help to ensure that the infants health and quality of life is not compromised
- Potentially save healthcare costs (GP visits and medication use)

DEVELOPMENT AND HOW CoMiSS™ IS USED

2015

- Developed by international experts to support CMA diagnosis[2]
- Since 2015, >25 clinical studies and peer-reviewed publications using CoMiSS™ endorse its use as an awareness tool for the early identification of CMA.[4]
- Intended to be used in children under 1 year.[2]

- CoMiSS™ is not intended for infants with severe and life threatening symptoms clearly indicating CMA, including anaphylaxis, which requires urgent referral.[2]
- Infants presenting with failure to thrive and sick infants with hematochezia, require urgent referral and full diagnostic work up.[2]

2022

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User Guide

2022 Tool

In 2022, updates were made to CoMiSS™. The updated CoMiSS™ and User Guide can be downloaded using the QR code.

COMPONENTS OF CoMiSS™

Evaluate and score symptoms, reaching a total score based on severity of these symptoms[2,4]

General discomfort
Distress and colic (crying)

Gastrointestinal symptoms
Regurgitation
Stool consistency

Dermatological symptoms
Atopic eczema
Acute urticaria (hives) and/or angioedema

Respiratory symptoms
Persistent runny nose, chronic cough and/or wheeze

INTERPRETATION OF FINAL SCORE

Total scores ≥10
Suggests higher likelihood of CMPA

10

Total scores between 6 and 9
Suggests infant is followed up and monitored by their HCPs, does not mean infant is not allergic

6

Total scores <6
Suggests other causes should be investigated

Total scores ≥10: CMA diagnosis should be confirmed by the gold standard diagnostic procedure: a 2 to 4 week cow's milk elimination diet followed by an oral food challenge.

SUMMARY

- CoMiSS™ is an expert designed and driven tool aiming to **raise the awareness of the symptoms associated with CMA.**
- **CoMiSS™ was updated in 2022** with minor clinical changes and the addition of statements to improve its functionality in clinical practice. It **remains a simple to use, easy, fast and non-invasive awareness tool.**

1. Flom JD, et al. Nutrients. 2019;11(5):1051. **2.** Vandenplas Y, et al. Nutrients. 2022;14(13):2682. **3.** Lozinsky A, et al. Children. 2015;2:317-329. **4.** Bajerova K, et al. Nutrients. 2022;14(10):2059. **5.** Lifschitz, et al. Eur J Pediatr. 2015:174, 141-150. **6.** Diaferio L, et al. Nutrients. 2020; 12, 466. **7.** Meyer R, et al. World Allergy Organ J. 2017; 10(1):8. **8.** Sorensen K, et al. Immun Inflamm Dis. 2022; 10(3):e572.